
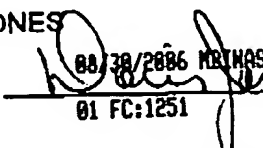


|  |                                |                                   |                              |  |                         |
|--|--------------------------------|-----------------------------------|------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>(Large Entity)</b>   |                                |                                   |                              | <b>Docket No.</b><br>85084-402                                     |                         |
| In Re Application Of: Steven Jones et al   |                                |                                   |                              | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>AUG 29 2006</b> |                         |
| <b>Application No.</b><br>10/522,134   | <b>Filing Date</b><br>08/29/05 | <b>Examiner</b><br>Sharon L. Hunt | <b>Customer No.</b><br>23529 | <b>Group Art Unit</b><br>1648                                      | <b>Confirmation No.</b> |
| <b>Invention: Recombinant Vesicular Stomatitis Virus Vaccines for Viral Hemorrhagic Fevers</b>   |                                |                                   |                              |  |                         |
| <p style="text-align: center;"><b><u>COMMISSIONER FOR PATENTS:</u></b></p> <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>07/11/05</u> above-identified application.<br/><i>Date</i></p> <p>The requested extension is as follows (check time period desired):</p> <p><input checked="" type="checkbox"/> One month    <input type="checkbox"/> Two months    <input type="checkbox"/> Three months    <input type="checkbox"/> Four months    <input type="checkbox"/> Five months</p> <p>from: <u>August 11, 2006</u>    until: <u>Sept. 11/2006</u><br/><i>Date</i>    <i>Date</i></p> <p>The fee for the extension of time is <b>\$120</b> and is to be paid as follows:</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <b>01-0310</b></p> <p><input type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. <b>01-0310</b></p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><br/><i>Signature</i></p> <p><b>Dated: August 29, 2006</b></p> <p><b>Michael R. Williams</b><br/><b>Registration 45333</b></p> <p style="text-align: center;"><b>CERTIFICATION OF FACSIMILE TRANSMISSION</b></p> <p>I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below</p> <p><b>DORIS JONES</b></p> <p><br/>08/30/2006 MTHAS 080808 (A) 010310 9/10/2006<br/>01 FC:1251 128.00 DA</p> <p>cc:</p> |                                |                                   |                              |  |                         |

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